



Supplemental Application Data Sheet

Application Information

Application number::	10/528,747
Filing Date::	<u>03/22/05</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	IDENTIFICATION OF ANTI-HIV COMPOUNDS INHIBITING VIRUS ASSEMBLY AND BINDING OF NUCLEOCAPSID PROTEIN TO NUCLEIC ACID
Attorney Docket Number::	015280-462100US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name:: H.

Family Name:: Shoemaker

Name Suffix::

City of Residence:: Boyds

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 22606 Peach Tree Road

City of Mailing Address:: Boyds

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 20841

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Currens

Name Suffix::

City of Residence:: Frederick

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 615 Wilson Place

City of Mailing Address:: Frederick
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21702

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alan
Middle Name::
Family Name:: Rein
Name Suffix::

City of Residence:: Columbia
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 7295 Swan Point Way
City of Mailing Address:: Columbia
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Deceased Inventor
Given Name:: Ya-Xiong
Middle Name::
Family Name:: Feng
Name Suffix::

Applicant Authority Type:: Legal Representative
Primary Citizenship Country:: Peoples Republic of China
Status:: Full Capacity

Given Name:: Hang
Middle Name::
Family Name:: Yuan
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 6613 Bradley Blvd.
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name::
Family Name:: Fisher
Name Suffix::
City of Residence:: Sharpsburg
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 17408 Miller's Sawmill Road
City of Mailing Address:: Sharpsburg
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21782

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Andrew
Middle Name::
Family Name:: Stephen
Name Suffix::
City of Residence:: Catonsville
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 114 North Beechwood Avenue
City of Mailing Address:: Catonsville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21228

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Karen
Middle Name::
Family Name:: Worthy
Name Suffix::
City of Residence:: Germantown
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 13801 Wanegarden Drive
City of Mailing Address:: Germantown
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Shizuko
Middle Name::
Family Name:: Sei
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 10104 Galsworthy Place
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bruce
Middle Name::
Family Name:: Crise
Name Suffix::
City of Residence:: Washington Grove
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 208 Chestnut Avenue
City of Mailing Address:: Washington Grove
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20880

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Louis
Middle Name::	E.
Family Name::	Henderson
Name Suffix::	
City of Residence::	Mt. Airy
State or Province of Residence::	MD
Country of Residence::	US
Street of Mailing Address::	10296 Quail Trail
City of Mailing Address::	Mt. Airy
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	21771

Correspondence Information

Correspondence Customer Number:: 45115

Representative Information

Representative Customer Number:: 45115

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/032086	10/08/03
PCT/US2003/032086	An Appn claiming benefit under 35 USC 119(e) of	60/416,854	10/08/02

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: The Government of the United States of America
 as represented by the Secretary of the
 Department of Health and Human Services

Street of mailing address:: 6011 Executive Boulevard, Room 325

City of mailing address:: Rockville

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 20852